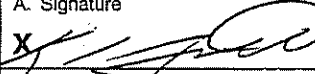



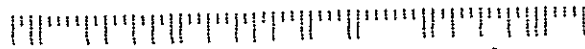
# EXHIBIT F

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature    <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name)  </p> <p>C. Date of Delivery  6-7-05</p>
<p>1. Article Addressed to:</p> <p>MIRAGE SYSTEMS, Inc.  1031 E. Duane Street  SUITE F  Sunnyvale, CA 94085</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label) RR 366 067465 US</p>	

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540



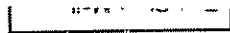
E 1

071.11.01

RECEIVED

JUN 13 2005

MATTHEW W. KIN.



NO